

# PRIOR AUTHORIZATION CRITERIA

**BRAND NAME**  
**(generic)**

**XIIDRA**  
**(lifitegrast)**

**Status: CVS Caremark Criteria**

**Type: Initial Prior Authorization**

## POLICY

### FDA-APPROVED INDICATIONS

Xiidra (lifitegrast ophthalmic solution) is indicated for the treatment of the signs and symptoms of dry eye disease.

### COVERAGE CRITERIA

The requested drug will be covered with prior authorization when the following criteria are met:

- The requested drug is being prescribed for dry eye disease  
**AND**
- The patient has experienced an inadequate treatment response to an artificial tears product  
**OR**
- The patient has experienced an intolerance to an artificial tears product  
**OR**
- The patient has a contraindication that would prohibit a trial of an artificial tears product

### REFERENCES

1. Xiidra [package insert]. Lexington, MA: Shire US Inc.; December 2017.
2. Lexicomp Online, AHFS DI (Adult and Pediatric) Online. Hudson, OH: Wolters Kluwer Clinical Drug Information, Inc. <http://online.lexi.com/>. Accessed October 2019.
3. Micromedex (electronic version). Truven Health Analytics, Greenwood Village, Colorado, USA. <http://www.micromedexsolutions.com/>. Accessed October 2019.
4. Preferred Practice Pattern. Dry Eye Syndrome. American Academy of Ophthalmology. November 2018.